

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15982

State File No.

Registration District No. 466

Primary Registration District No. 6051

Registrar's No.

1. PLACE OF DEATH:

(a) County SCHUYLER CO
(b) City or town Marion
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

8. (a) PRINT MARY JOAN ALEXANDER
FULL NAME

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex female race white 5. Color or 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased JULY 8 1936
(Month) (Day) (Year)

8. AGE: Years 4 Months 9 Days 19 If less than one day hr. min.

9. Birthplace SCHUYLER CO MO.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name MARVIN ALEXANDER
13. Birthplace SCHUYLER CO MO.
LOLA COOLEY (State or foreign country)
14. Maiden name COOLEY
15. Birthplace SCHUYLER CO. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin Alexander

(b) Address Allenwood Mo

17. (a) burial (b) Date thereof APRIL 29, 1941
(Burial, cremation, or removal) Jimtown (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Morehead

(b) Address Lancaster Mo

19. (a) 4-28-41 (b) Olive Jones Deputy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1941 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from
that I last saw her alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to Burned to death
Due to in a barn

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy MRP

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence 098

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J.H. Jones (M. D. or other)

Address Lancaster Date signed 4/28

181-15
RECEIVED

District Health Officer No. 10

District File Number 5-41-955

Date Filed MAY 20 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed

Morehead
by Minnie Morehead

Licensed Embalmer No. 3731-3680

P. O. Address Conchester Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15982

Registration District No. 806

Primary Registration District No. 6001

Registrar's No.

1. PLACE OF DEATH:

- (a) County Schuyler
(b) City or town Paris, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mary Joan Alexander

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 4 Months 9 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____

- (c) City or town _____ (If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) Citizen of foreign country _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 27 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Burned to death in a burn

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) Accident

- (b) Date of occurrence Apr 27, 1941

- (c) Where did injury occur 3211 East 2nd St, City of St. Louis, Mo. (City or town) _____ (State)

- (d) Did injury occur in or about home, or farm, or industrial place, in public place? No. 2nd St. St. Louis, Mo.

While at work? At Play (Specify type of place) _____ (e) Means of injury Burn

23. Signature J.H. Keller (M. D. or other)

Address Forester Ave Date signed Apr 27, 1941

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

POWER NO.

J.H. Keller

S-15982